

CERTIFICATE OF INSTALLATION		CF2R-MCH-31-H
Bypass Duct for Zonally Controlled Forced Air Systems Verification		(Page 1 of 1)
Project Name:	Enforcement Agency:	Permit Number:
Dwelling Address:	City	Zip Code

1.	System Name or Identification/Tag:	System Name or Identification/Tag from the Mechanical Plan
2.	System Location or Area Served:	System Location or Area Served Based on the Mechanical Plan

AIR FILTRATION DESIGN VERIFICATION

DOCUMENTATION AUTHOR'S DECLARATION STATEMENT	
1. I certify that this Certificate of Installation documentation is accurate and complete.	
Name:	Signature:
Company:	Date:
Address:	CEA or CEPE or HERS Certification # If applicable:
City/State/Zip:	Phone:

RESPONSIBLE PERSON'S DECLARATION STATEMENT		
<p>1. I certify under penalty of perjury, under the laws of the State of California, the information provided on this Certificate of Installation is true and correct.</p> <p>2. I am eligible under Division 3 of the Business and Professions Code to accept responsibility for construction, or an authorized representative of the person responsible for construction (responsible person).</p> <p>3. I certify that the installed features, materials, components, or manufactured devices identified on this certificate (the installation) conforms to all applicable codes and regulations, and the installation is consistent with the plans and specifications approved by the enforcement agency.</p> <p>4. I understand that a HERS rater will check the installation to verify compliance, and that if such checking identifies defects, I am required to take corrective action at my expense. I understand that Energy Commission and HERS provider representatives will also perform quality assurance checking of installations, including those approved as part of a sample group but not checked by a HERS rater, and if those installations fail to meet the requirements of such quality assurance checking, the required corrective action and additional checking/testing of other installations in that HERS sample group will be performed at my expense.</p> <p>5. I reviewed a copy of the Certificate of Compliance (CF1R) approved by the enforcement agency that identifies the specific requirements for the installation. I certify that the requirements detailed on the CF1R that apply to the installation have been met.</p> <p>6. I will ensure that a completed, signed copy of this Certificate of Installation shall be posted, or made available with the building permit(s) issued for the building, and made available to the enforcement agency for all applicable inspections. I understand that a signed copy of this Certificate of Installation is required to be included with the documentation the builder provides to the building owner at occupancy. I will ensure that all Certificates of Installation are registered with a HERS Provider Data Registry for projects that require HERS verification.</p>		
Company Name: (Installing Subcontractor or General Contractor or Builder/Owner)		
Responsible Person's Name:		Responsible Person's Signature:
CSLB License:	Date Signed:	Position With Company (Title):
Is this installation monitored by a Third Party Quality Control Program (TPQCP)? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Name of TPQCP (if applicable):

EXCERPT FROM REFERENCE APPENDICES**RA3.1.4.5 Verification of Prescriptive Bypass Duct Requirements for Zonally Controlled Forced Air Systems**

When a zonally controlled forced air system is installed, the following shall be verified to determine compliance as required by Standards Section 150.1(c)13:

1. A visual inspection shall confirm that bypass ducts that deliver conditioned supply air directly to the space conditioning system return duct airflow are not used; or
2. If the Certificate of Compliance indicates an allowance for use of a bypass duct, the bypass duct shall conform to the specifications given on the Certificate of Compliance.

If the zonally controlled system meets one of these criteria, the system complies. Otherwise the system does not comply

EXCERPT FROM BUILDING ENERGY EFFICIENCY STANDARDS**150.1(c)**

13. **HVAC System Bypass Ducts.** Unless otherwise specified on the Certificate of Compliance, bypass ducts that deliver conditioned supply air directly to the space conditioning system return duct airflow shall not be used. All zonally controlled forced air systems shall be verified by a HERS Rater utilizing the procedure in Reference Residential Appendix Section RA3.1.4.6 to confirm compliance with 150.1(c)13.